

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Non-Emergency  
from Riverside Ambulance Service, LLC.

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2011 - 145 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Riverside Ambulance Service, LLC Telephone: (803) 641-6434  
Address: 700 Augusta Road Fax: (803) 641-6436  
Edgefield, SC 29824 Other: c+rockwell27@yahoo.com  
Email: karcrouch@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

BS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 3-25-11

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Riverside Ambulance Service, LLC  
700 Augusta Road, Edgefield, SC 29824  
Street Address of Applicant

Mailing Address of Applicant if different from street address

(803) 641-6434 (803) 641-6436  
Phone Fax  
karcrouch@yahoo.com ctrockwell27@yahoo.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☒ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Douglas S. McDaniel MC Nikki Blease  
101 Dalmation Lane 162 Centennial Road  
Saluda, SC 29138 Saluda, SC 29138

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month February Year 2011

### Assets:

Cash	\$ 32,548.57
Receivables	1,096,655.61
Real Estate	—
Buildings and Equipment (Net)	42,728.50
Motor Vehicles (Net)	90,713.98
Garage Equipment (Net)	—
Machinery and Tools (Net)	—
Supplies on Hand	3,000.00
Prepays and Other Assets	—
<b>Total Assets</b>	\$ 1,265,646.66
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$ 4,648.59
Notes Payable	—
Mortgages Payable	—
Equipment Obligations	—
Accrued Salaries and Wages	—
Other Accrued Obligations	—
Other Liabilities	—
<b>Total Liabilities</b>	\$ 4,648.59
Capital Stock	—
Retained Earnings	\$ 1,260,998.07
<b>Total Equity</b>	\$ 1,260,998.07
<b>Total Liabilities and Equity</b>	\$ 1,265,646.66

## PROPOSED RATES AND CHARGES FOR SERVICE

### Maximum Proposed Rates and Charges for Service are as follows:

Ambulatory \$80.00 maximum  
Wheelchair \$90.00 maximum

### Counties to be Served:

~~Aiken~~ ~~Richland~~  
~~Edgefield~~  
~~Saluda~~ all  
~~McCormick~~  
~~Greenwood~~  
~~Darlington~~  
~~Attentate~~

### Maximum Number of Passengers per Vehicle:

~~5~~ 7

803-896-5199

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Arch Insurance Company  
Name of Motor Carrier  
3100 Broadway Kansas City MO 64111  
Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 21,491

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Arch Insurance Company  
Name of Insurance Company  
3100 Broadway Kansas City MO 64111  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/25/11 Pamela A. Williams  
Date Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit FWA**

Riverside Ambulance Service, LLC  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes                      ☐ No
  
2. Applicant understands that drivers must be in compliance with all OSHA regulations.  
  
☒ Yes                      ☐ No
  
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.  
  
☒ Yes                      ☐ No
  
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.  
  
☒ Yes                      ☐ No
  
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.  
  
☒ Yes                      ☐ No
  
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Aiken

Christopher T Rockwell

Applicant's Signature

I, Christopher T Rockwell, Director  
Name of Applicant's Representative Title

of Riverside Ambulance Service LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Christopher T Rockwell

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 30 day of March, 20 11

Melissa J Indall

Notary Public

My Commission Expires

Commission Expires

March 2, 2016

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Riverside Ambulance Service, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
162 Centennial Road

Street Address

Saluda, SC 29138

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Douglas S. McDaniel

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

162 Centennial Road

Street Address

Saluda, SC 29138

City

Zip Code

4. The name and address of each organizer is

(a) Douglas S. McDaniel

Name

162 Centennial Road

Street Address

City

Saluda, SC 29138

State

Zip Code

(b)

Name

Street Address

State

090825-0071

RIVERSIDE AMBULANCE SERVICE, LLC

FILED: 08/25/2009

RIVERSIDE AMBULANCE SERVICE, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

(Add additional lines if necessary)

5. ☒ Check this box only if the company is to be a term company. If so, provide the term specified;  
December 31, 2039

Riverside Ambulance Service, LLC

Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) \_\_\_\_\_  
Name

\_\_\_\_\_ City  
Street Address

\_\_\_\_\_ Zip Code  
State

(b) \_\_\_\_\_  
Name

\_\_\_\_\_ City  
Street Address

\_\_\_\_\_ Zip Code  
State

(c) \_\_\_\_\_  
Name

\_\_\_\_\_ City  
Street Address

\_\_\_\_\_ Zip Code  
State

(d) \_\_\_\_\_  
Name

\_\_\_\_\_ City  
Street Address

\_\_\_\_\_ Zip Code  
State

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_

\_\_\_\_\_

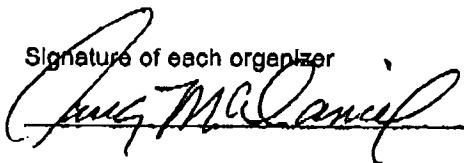
\_\_\_\_\_

**Riverside Ambulance Service, LLC**Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer



(Add Additional lines if necessary)

Date 8/24/09

**FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211

**NOTE**

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.